

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Audiologists  
Speech-Language Pathologists  
Managed Care Plans

**Memorandum No: 05-65 MAA**  
**Issued: June 28, 2005**

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
(800) 562-6188

**Supersedes # Memorandum:**  
**04-89**

**Subject: Speech/Audiology Program: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2005,** the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- One (1.0) percent vendor rate increase.

### **Maximum Allowable Fees**

MAA is updating the Speech/Audiology Program fee schedule with Year 2005 RVUs. The 2005 Washington State Legislature did appropriate a one (1.0) percent vendor rate increase for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Attached are updated replacement pages 13–16 for MAA's current *Speech/Audiology Program Billing Instructions*.

Bill MAA your usual and customary charge.

### **Diagnosis Reminder**

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits if necessary) or the entire claim will be denied.

## MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily).
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

# Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only official, brief CPT® procedure code descriptions. To view the full descriptions, please refer to your current CPT book.

## AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

CPT Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92506	Speech/hearing evaluation	79.94	29.30
92507	Speech/hearing therapy	37.93	17.49
92508	Speech/hearing therapy	17.94	8.86
92510	Rehab for ear implant	83.57	54.50
92551	Pure tone hearing test, air	10.28	10.28
92611	Motion fluoroscopy/swallow	80.62	80.62
97532	Cognitive skills development	14.76	14.76
97533	Sensory integration	15.67	15.67

Continued on next page...

**AUDIOLOGISTS ONLY**

<b>CPT Procedure Code/ Modifier</b>	<b>Brief Description</b>	<b>July 1, 2005 Maximum Allowable Fee</b>	
		<b>Non Facility Setting</b>	<b>Facility Setting</b>
69210	Remove impacted ear wax	\$29.30	\$20.21
92541	Spontaneous nystagmus test	33.61	33.61
92541-TC	Spontaneous nystagmus test	19.76	19.76
92541-26	Spontaneous nystagmus test	13.85	13.85
92542	Positional nystagmus test	34.29	34.29
92542-TC	Positional nystagmus test	22.94	22.94
92542-26	Positional nystagmus test	11.36	11.36
92543	Caloric vestibular test	15.90	15.90
92543-TC	Caloric vestibular test	12.26	12.26
92543-26	Caloric vestibular test	3.63	3.63
92544	Optokinetic nystagmus test	27.25	27.25
92544-TC	Optokinetic nystagmus test	18.40	18.40
92544-26	Optokinetic nystagmus test	8.86	8.86
92545	Oscillating tracking test	24.30	24.30
92545-TC	Oscillating tracking test	16.35	16.35
92545-26	Oscillating tracking test	7.95	7.95
92546	Sinusoidal rotational test	52.91	52.91
92546-TC	Sinusoidal rotational test	43.15	43.15
92546-26	Sinusoidal rotational test	9.77	9.77
92547	Supplemental electrical test	2.95	2.95
92552	Pure tone audiometry, air	10.90	10.90
92553	Audiometry, air & bone	16.35	16.35
92555	Speech threshold audiometry	9.54	9.54
92556	Speech audiometry, complete	14.31	14.31
92557	Comprehensive hearing test	29.75	29.75

*Current Procedural Terminology* © 2004 American Medical Association. All Rights Reserved.

**Audiologists Only (cont.)**

CPT Procedure Code/ Modifier	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92567	Tympanometry	\$13.17	\$13.17
92568	Acoustic reflex test	9.54	9.54
92569	Acoustic reflex decay test	10.22	10.22
92579	Visual audiometry (VRA)	17.94	17.94
92582	Conditioning play audiometry	17.94	17.94
92584	Electrocochleography	60.86	60.86
92585	Auditor evoke potent, compre	62.23	62.23
92585-TC	Auditor evoke potent, compre	45.42	45.42
92585-26	Auditor evoke potent, compre	16.81	16.81
92586	Evoked auditory test	45.42	45.42
92587	Evoked otoacoustic emissions; limited	36.79	36.79
92587-TC	Evoked otoacoustic emissions; limited	32.25	32.25
92587-26	Evoked otoacoustic emissions; limited	4.54	4.54
92588	Evoked auditory test	48.37	48.37
92588-TC	Evoked auditory test	36.34	36.34
92588-26	Evoked auditory test	12.04	12.04
92601	Cochlear implt f/up exam < 7	82.21	82.21
92602	Reprogram cochlear implt < 7	56.32	56.32
92603	Cochlear implt f/up exam 7 >	50.64	50.64
92604	Reprogram cochlear implt 7 >	32.48	32.48
92620	Auditory function, 60 min	27.48	27.48
92621	Auditory function, + 15 min	6.81	6.81
92625	Tinnitus assessment	27.02	27.02



**Note:** Audiology function tests 92552-92553 can be paid separately. Other tests are included in general services.

## SPEECH-LANGUAGE PATHOLOGISTS ONLY

CPT Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
92526	Oral function therapy	\$50.87	\$17.49
92597	Oral speech device eval	59.27	30.43
92605	Eval for nonspeech device rx	Bundled	
92606	Non-speech device service	Bundled	
92607	Ex for speech device rx, 1 hr	71.99	71.99
92608	Ex for speech device rx, addl	13.63	13.63
92609	Use of speech device service	37.47	37.47
92610	Evaluate swallowing function	80.62	80.62